

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 2 _ 1 0

2. STATE:

Maryland

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID) Medicaid

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

See Attached

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ -0-
b. FFY 2003 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, page 23b (02-10)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 2.2-A, page 23 (99-1)

10. SUBJECT OF AMENDMENT:

This amendment is necessary to increase the eligibility income level from 185 percent of FPL to 200 percent FPL to cover children when funding under Title XXI is depleted.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Susan J. Tucker, Executive Director
Office of Health Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Georges C. Benjamin

13. TYPED NAME:

Georges C. Benjamin, M.D.

14. TITLE:

Secretary

15. DATE SUBMITTED: June 4, 2002

16. RETURN TO:

Susan J. Tucker, Executive Director
Office of Health Services
DHMH
201 West Preston Street, Rm. 127
Baltimore, Maryland 21201

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

June 7, 2002

18. DATE APPROVED:

September 04, 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

Claudette V. Campbell

21. TYPED NAME:

Claudette V. Campbell

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

Citation	Groups Covered
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B. Optional Coverage Other Than the Medically Needy
(continued)

1902(a)(10)(A)
(ii)(XIV) of the Act

X20. Optional Targeted Low Income Children who:

- a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability);
- b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in §1902(1)(2)(D));
- c. are not covered under a group health plan or other group health insurance (as such terms are defined in §2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program;
- d. have family income at or below:

200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or

A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in §2110(b)(4) of the Act) but by no more than 50 percentage points.

The State covers:

X

All children described above who are under age 19 (18, 19) with family income at or below 200 percent of the Federal poverty level.

TN No. 02-10

Approval Date SEP 04 2002

Effective Date 4/1/02

Supersedes

TN No. 99-1